



CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION January 2004

Acad Med. 2003 Dec; 78(12): 1229-34.

A workshop for medical students on deafness and hearing impairments.
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There is a current need to improve health care delivery to deaf and hearing-impaired persons. The author designed an educational workshop for medical students and others as an initial step to address this need. The workshop was offered electively during 1997 and 1998 to first-year and second-year medical students at Dalhousie University, Nova Scotia, Canada. The workshop involved a broad, multidisciplinary scope, may have been the first of its kind in Canada, and is still one of the few documented ways to approach medical education about deafness and hearing impairments. Attendees explored general information on hearing impairments, communication between the hearing-impaired patient and his or her physician, and multicultural, technological, and ethical aspects of caring for hearing-impaired patients. There was an initial questionnaire, group exercises, lectures, student interviews of volunteer deaf "patients," discussions, and a "hands-on" materials display. The workshop was a low-cost and easily reproducible method of educating medical students about hearing impairments. If found to be educationally effective through future research, this type of workshop may foster better care to deaf and hearing-impaired persons by inclusion into medical school and continuing education curricula.

PMID: 14660422 [PubMed - indexed for MEDLINE]

Acad Med. 2003 Dec; 78(12): 1246-7.

A humanistic role model in my medical career.

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PMID: 14660427 [PubMed - indexed for MEDLINE]

Acta Oncol. 2003; 42(7): 710-8.

Predictors of quality of life of breast cancer patients.

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Research has indicated that several demographic and clinical factors may affect the quality of life of breast cancer patients. Few studies, however, have sufficient sample sizes for multivariate analyses to be tested. Furthermore, several important factors, such as arm morbidity, communication and comorbid illness, have not been included in quality of life models. The aim of this study was to predict the simultaneous effect of these factors on long-term quality of life. Breast cancer patients (n = 990) completed a quality of life survey, including the EORTC QLQ-C30, over five years. Clinical details were registered in the Munich Cancer Registry. Eleven predictors across eight quality of life domains were analyzed over a period of five years using a logistic regression model. Arm problems, communication, comorbidity, age, surgery, and, to a lesser extent, marital, educational and employment status were significantly associated with quality of life. Adjuvant therapy, medical insurance and pT category were not significant predictors. This study is the first to demonstrate the consistency and strength of arm dysfunction and doctor-patient communication on breast cancer patients' quality of life. These important factors in breast cancer care can be improved and should be regarded as a priority.
PMID: 14690156 [PubMed - indexed for MEDLINE]

Acta Oncol. 2002; 41(7-8): 639-45.

'Patient satisfaction' in hospitalized cancer patients.
Skarstein J, Dahl AA, Laeding J, Fossa SD.
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Predictors of 'patient satisfaction' with hospitalization at a specialized cancer hospital in Norway are examined in this study. Two weeks after their last hospitalization, 2021 consecutive cancer patients were invited to rate their satisfaction with hospitalization, quality of life, anxiety and depression. Compliance rate was 72% (n = 1453). Cut-off levels separating dissatisfied from satisfied patients were defined. It was found that 92% of the patients were satisfied with their stay in hospital, independent of cancer type and number of previous admissions. Performance of nurses and physicians, level of information perceived, outcome of health status, reception at the hospital and anxiety independently predicted 'patient satisfaction'. The model explained 35% of the variance with an area under the curve of 0.76 of the Receiver Operator Curve. Cancer patients' satisfaction with their hospital stay was high, and predicted by four independently predictive variables related to the performance of caregivers. These suggest areas for further improvement in the healthcare service.
PMID: 14651208 [PubMed - indexed for MEDLINE]

Acta Oncol. 2002; 41(7-8): 652-8.

Patient preference for dissection of sentinel nodes outside level I-II of the axilla.
Leidenius MH, von Smitten KA, Hietanen PS.
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In this study patients' and female doctors' opinions about harvesting sentinel nodes outside the axilla are evaluated and patients' ability to understand the concept of sentinel node biopsy is investigated. Information leaflets and questionnaires were mailed to 100 patients with breast cancer who had undergone sentinel node biopsy and to 300 female doctors. Seventy-three (73%) patients and 148 (49%) female doctors returned the questionnaire. Fifty-eight (79%) breast cancer patients and 71 (48%) female doctors wanted harvesting to be done in order to determine whether the nodes were involved. Sixty-six (90%) patients and

128 (86%) female doctors wanted the procedure if it changed the treatment. Sixty (82%) patients understood the outcome of the sentinel node procedure. Patients with breast cancer seem to value the information gained by harvesting sentinel nodes outside the axilla and want the procedure if there is even the slightest possibility that it might change the adjuvant treatment.
PMID: 14651210 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2003 Dec 8-22; 163(22): 2681-6.

What do good doctors try to do?

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PMID: 14662621 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2003 Nov 24; 163(21): 2632-8.

The long-term effects of a self-management program for inner-city primary care patients with acute low back pain.

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BACKGROUND: We evaluated the effect of a self-management program for low-income primary care patients with acute low back pain (ALBP) from inner-city

neighborhood health centers. METHODS: We conducted a randomized controlled trial

of a self-management program compared with usual care at university-affiliated neighborhood health centers and an emergency department of an inner-city public

teaching hospital. We enrolled 211 patients who visited a physician for ALBP

(<90 days' duration). The self-management program consisted of 3 group sessions

and telephone follow-up that focused on understanding back pain, increasing

physical activity, and dealing with fears and frustrations. RESULTS: At

baseline, 4 months, and 12 months, blinded interviewers assessed back pain

physical function (Roland Disability Questionnaire), health status (Arthritis

Impact Measurement Scales), self-efficacy, and time spent in physical activity.

Compared with patients receiving usual care, intervention patients reported

significantly better scores on the Roland Disability Questionnaire ($P = .009$),

mental functioning ($P = .009$), self-efficacy to manage ALBP ($P = .03$), time spent

in physical activity ($P = .047$), and reduced fears of movement/reinjury ($P = .005$)

after 12 months. CONCLUSION: A self-management program can improve and maintain

functional status, mental functioning, and self-efficacy to manage future

symptoms for 1 year among primary care patients with ALBP living in the urban,

inner city.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14638564 [PubMed - indexed for MEDLINE]

Assist Technol. 2002 Winter; 14(2): 130-9.

Dissatisfaction and nonuse of assistive devices among frail elders.

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This article is based on the Rehabilitation Engineering Research Center on Aging

Consumer Assessments Study. The sample included 1,056 subjects who reported use or nonuse of assistive devices. Of these subjects, 873 identified reasons for not using or being dissatisfied with certain assistive devices. Study participants owned a mean of 14.2 assistive devices, used 84.8% of the devices they owned, and were satisfied with 84.2% of the devices they owned. Devices were grouped into categories based on the type of impairment they addressed (hearing, vision, cognitive, and musculoskeletal/neuromotor). Study participants owned the largest number of devices in the musculoskeletal/neuromotor category (mean of 10.6 devices). Devices in the hearing impairment category were rated lowest by participants in terms of satisfaction. Almost half of all reasons listed for not using certain assistive devices related to perceived lack of need.

PMID: 14651251 [PubMed - indexed for MEDLINE]

Aust Fam Physician. 2003 Nov; 32(11): 883-7.

Chronic fatigue syndrome. The patient centred clinical method--a guide for the perplexed.

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BACKGROUND: Chronic fatigue states are common in general practice and over the past 20 years there has been considerable worldwide consensus developed on the criteria for chronic fatigue syndrome (CFS) also commonly known as myalgic encephalomyelitis (ME). Chronic fatigue syndrome is an illness characterised by the new onset of disabling fatigue, accompanied by cognitive, musculoskeletal and sleep symptoms. There are no specific diagnostic tests or biological markers and the diagnosis is made by ruling out other causes of fatigue. The pathophysiology of CFS is still unclear. OBJECTIVE: This article discusses the application of the patient centred clinical method to the diagnosis and treatment of CFS. DISCUSSION: There is no new breakthrough in the diagnosis or management of CFS in spite of much research and controversy. There is considerable evidence that the best place to manage CFS is in primary care under the care of the patient's own general practitioner, but it has been suggested that doctors feel unable to deal with the problem. The patient centred clinical method offers a constructive guide to management. The author considers that the best hope for sufferers is self management guided by a supportive and helpful health professional, preferably the patient's own GP.

PMID: 14650782 [PubMed - indexed for MEDLINE]

Can Fam Physician. 2003 Nov; 49: 1498-503.

Comment in:

Can Fam Physician. 2003 Nov;49:1431-2, 1435-7.

Patients seeking care during acute illness. Why do they not see their regular physicians?

Mathews M, Barnsley J.

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OBJECTIVE: To identify factors that predict whether patients prefer seeing their regular physicians and whether they do see their regular physicians during acute illness. DESIGN: Cross-sectional, population-based telephone survey. SETTING: Urban areas in southern Ontario. PARTICIPANTS: Random sample of 304 people who had regular physicians, insurance coverage, and had last seen a physician for acute illness. Of the 304, 256 (84.2%) preferred seeing their regular physicians

during acute illness, and 48 (15.8%) did not. Of those who preferred seeing their regular physicians, 131 (51.2%) did see their regular physicians, 125 (48.8%) did not MAIN OUTCOME MEASURES: Preference for seeing regular physician and seeing regular physician during acute illness. RESULTS: Multiple logistic regression found that believing continuity of care was important and traveling further increased, while recent hospitalization and difficulty seeing physicians during or after office hours decreased, the likelihood of actually seeing their regular physicians. CONCLUSION: Almost half the patients who preferred seeing their regular physicians for acute illness did not actually see their regular physicians. Improving access to regular physicians might encourage patients to always try to see them.
PMID: 14649989 [PubMed - indexed for MEDLINE]

Can Fam Physician. 2003 Nov; 49: 1490-5.

Comment in:

Can Fam Physician. 2003 Nov;49:1431-2, 1435-7.

Seniors' perceptions of their medical care. Before admission to a geriatric rehabilitation program.

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OBJECTIVE: To review older patients' perceptions of their medical care before hospital admission and to determine whether there are common perceptions family physicians should address after discharge. DESIGN: Semistructured interviews with qualitative analysis. SETTING: Inpatient geriatric rehabilitation and assessment unit. PARTICIPANTS: Community-living seniors admitted from home or transferred from acute care hospitals. METHOD: Consecutively admitted patients were interviewed within a week of admission. Participants were asked open-ended and Likert-type questions. Responses were analyzed to uncover recurrent themes and descriptive statistics. MAIN FINDINGS: Patients thought physicians' personalities and ability to communicate were important factors in their satisfaction with care received. Loyalty to a physician was an important theme and might have made patients minimize their concerns about care. Most patients were confident in being discharged back into the care of their family physicians. CONCLUSION: Physicians' personalities and communication skills affected whether patients were satisfied with care. Older patients are loyal to their family physicians; they did not identify any issues for family physicians to address with them after discharge.

PMID: 14649988 [PubMed - indexed for MEDLINE]

Can Fam Physician. 2003 Nov; 49: 1481-7.

Comment in:

Can Fam Physician. 2003 Nov;49:1431-2, 1435-7.

Visiting family physicians and naturopathic practitioners. Comparing patient-practitioner interactions.

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OBJECTIVE: To explore similarities and differences in patient visits with family physicians (FPs) and naturopathic practitioners (NPs). DESIGN: Exploratory study combining quantitative and qualitative methods. SETTING: Southern Ontario. PARTICIPANTS: A purposeful sample of 10 practitioners (five FPs and five NPs matched for age, sex, and number of years in practice): each agreed to recruit three consecutive patients with new complaints to participate in the study. MAIN OUTCOME MEASURES: Patient and visit characteristics; qualitative (content

analysis of audiotaped interactions) and quantitative (ie, patient-centred care scores) information was gathered and analyzed. RESULTS: Qualitative analysis revealed that information gathering and treatment planning were very similar whether patients were visiting FPs or NPs. Most important differences were length of interaction (mean 54 minutes for NPs and 16.5 minutes for FPs) and patients' reasons for visits. Naturopathic practitioners were more likely to recommend medications (usually natural health products) than FPs. Quantitative data suggested that patients perceived no differences in patient-centred care from FPs and NPs. CONCLUSION: Overall, there were more similarities than differences in visits to the two types of practitioners.

Publication Types:

Evaluation Studies

PMID: 14649987 [PubMed - indexed for MEDLINE]

Caring. 2003 Nov; 22(11): 14-8.

Impacting family satisfaction with hospice care.

Miceli PJ, Wojciechowski SL.

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Family satisfaction is one of the most important outcomes for hospice care. A survey conducted in 2001 by Press Ganey Associates found overall high levels of family satisfaction with hospice care, but also highlighted areas needing improvement. Hospices need to pay more attention to ancillary care services, logistical issues, and the problem of late-timed referrals.

PMID: 14658198 [PubMed - indexed for MEDLINE]

Cleve Clin J Med. 2003 Nov; 70(11): 985-9.

Comment in:

Cleve Clin J Med. 2003 Nov;70(11):990.

Talking to patients about St. John's wort.

Deshmukh R, Franco K.

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St. John's wort, an unregulated herbal supplement widely used as a self-treatment for depression, can cause side effects and drug interactions.

Physicians should ask their patients about use of over-the-counter products such as St. John's wort and discuss their use in a frank but nonjudgmental manner.

PMID: 14650472 [PubMed - indexed for MEDLINE]

Complement Ther Med. 2003 Sep; 11(3): 184-90.

Oncology professionals' communication with cancer patients about complementary therapy: a survey.

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OBJECTIVE: To compare the communication practices of three groups of oncology professionals with regard to discussion of complementary therapies with cancer patients. DESIGN: A mail survey was completed by a randomly selected, nationwide sample of oncology physicians, oncology nurses, and oncology social workers in the United States. MAIN OUTCOME MEASURES: Respondents indicated how often they initiated discussion of complementary therapies, their comfort level discussing this subject, and the perceived impact on the patient-professional relationship. RESULTS: Significantly more of the social workers reported that they initiated

discussion of complementary therapy compared to physicians and nurses. Physicians and social workers reported being equally comfortable with this topic and more so than nurses. More of the social workers reported believing that discussing complementary therapies can enhance the patient-professional relationship. CONCLUSIONS: Oncology social workers were more amenable to discussing complementary therapies than physicians or nurses. The impact of communication on patient outcomes is addressed.
PMID: 14659383 [PubMed - indexed for MEDLINE]

Contemp Nurse. 2003 Aug; 15(1-2): 118-24.

The challenge of providing family-centred care during air transport: an example of reflection on action in nursing practice.

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This article explores reflection with regard to the nursing practice of a transport nurse in caring for ill newborn patients and their family. It examines the issue of reflective nursing practice, institutional obstacles, and angst in promoting the model of family-centred care, as it applies to newborn infants being transported for tertiary care to a hospital some distance away from the family's home community. Reflective practice is explored as an epistemological link between practice and research, locating one nurse's clinical experience in reflection and subsequent action, through clarification of thought-provoking issues and generation of research questions.

PMID: 14649516 [PubMed - indexed for MEDLINE]

De Paul Law Rev. 1998 Spring; 47(3): 701-41.

"I'm your therapist, you can tell me anything": the Supreme Court confirm psychotherapist-patient privilege in Jaffee v. Redmond.

Klein JS.

PMID: 14628783 [PubMed - indexed for MEDLINE]

Diabetes Educ. 2002 Sep-Oct; 28(5): 741-5, 749.

Individualization of diabetes self-management education.

American Association of Diabetes Educators.

Publication Types:

Guideline

Practice Guideline

PMID: 14625960 [PubMed - indexed for MEDLINE]

Health Care Financ Rev. 2003 Summer; 24(4): 45-58.

Quality of life and patient satisfaction: ESRD managed care demonstration.

Pifer TB, Bragg-Gresham JL, Dykstra DM, Shapiro JR, Oppenheimer CC, Gaylin DS, Beronja N, Rubin RJ, Held PJ.

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To study the effects of managed care on dialysis patients, we compared the quality of life and patient satisfaction of patients in a managed care demonstration with three comparison samples: fee-for-service (FFS) patients, managed care patients outside the demonstration, and patients in a separate national study. Managed care patients were less satisfied than FFS patients

about access to health care providers, but more satisfied with the financial benefits (copayment coverage, prescription drugs, and nutritional supplements) provided under the demonstration managed care plan (MCP). After 1 year in the demonstration, patients exhibited statistically and clinically significant increases in quality of life scores.
PMID: 14628399 [PubMed - indexed for MEDLINE]

Health Care Food Nutr Focus. 2003 Dec; 20(12): 1-6.

Making effective dietary recommendations.
[No authors listed]
PMID: 14650274 [PubMed - indexed for MEDLINE]

Health Soc Care Community. 2003 Mar; 11(2): 129-37.

A questionnaire to measure satisfaction with community services for informal carers of stroke patients: construction and initial piloting.
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Stroke affects 120 000 people each year in the UK and is the most common cause of adult-onset disability. Most stroke patients are cared for at home by informal carers. Support for these carers is provided by the community services, but although single-item measures have shown that there is a relatively high level of dissatisfaction with those services, there is no specific satisfaction measurement instrument. The present study aimed to construct and initially validate a questionnaire to measure carers' satisfaction with community services for clinical and research purposes. Qualitative interviews with a purposive sample of informal carers of stroke patients identified via stroke unit discharge records gave information about content, context and language. Together with information from the carers' literature, this formed the basis of the questionnaire. A self-completion questionnaire proved unacceptable to carers with a very poor response rate (20%). Face-to-face interviews were more acceptable, with the questionnaire taking approximately 10 minutes to administer. All carers approached agreed to take part and only three carers dropped out from follow up, all because of reasons not related to the study. Initial validity and reliability testing with a sample of 44 carers identified through stroke groups and general practice showed good correlation with a single-item satisfaction measure ($RHO = 0.797$), test-retest reliability ($RHO = 0.885$) and inter-rater reliability ($RHO = 0.868$), and a high degree of internal consistency (Cronbach's $\alpha = 0.859$). Further validation with larger and more diverse groups of informal carers is needed before the questionnaire can be considered to be a robust and reliable tool. Factor analysis revealed seven factors: information about community support and involving the carer; amount, appropriateness and coordination of services; information about stroke; speed of change and concern about the carer; listening to the carer and being heard; problem management; and confidence in and accuracy of information. These factors have marked similarities to those found in the field of patient satisfaction with community services.
Publication Types:
Validation Studies
PMID: 14629215 [PubMed - indexed for MEDLINE]

Health Soc Care Community. 2003 Mar; 11(2): 124-8.

Proactive, targeted benefits advice for older people in general practice: a feasibility study.

Toeg D, Mercer L, Iliffe S, Lenihan P.

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The aim of the present project was to assess a welfare benefits and advice screening programme offered in a systematic and inclusive way to all patients aged 80 years and over registered with a single general practice. The setting was an inner-city National Health Service group practice with a total of seven full-time general practitioners (GPs) and a list size of 12 000 patients. A total of 280 patients were identified as aged 80 years and over. Using a combination of telephone calls, surgery attendances and home visits, an advice worker contacted as many of these patients as possible. A wide range of advice and assistance of both a statutory and non-statutory nature was offered. Follow-up contacts and liaison with the patients' own GPs were arranged as necessary. Contact was made with a total of 206 patients. In total, the adviser made 98 home visits and carried out 82 consultations in the surgery, as well as undertaking 109 interviews over the phone. The findings indicate that an overall total of pound 137 819 was gained in increased annual income amongst the screened patients; in addition, a further pound 11 433 was awarded in one-off payments. A wide range of other benefits and help, including referral to other services and organisations, was gained. Elderly patients within the practice were under-claiming benefits and had many previously unidentified needs. Adopting a proactive and inclusive approach to offering welfare and advice takes time and expense, but the resulting benefits make it worthwhile. Primary care is an effective base from which advice can be delivered and the development of closer working relationships between primary care and advice services can be an effective and efficient way of helping patients.
PMID: 14629214 [PubMed - indexed for MEDLINE]

Health Soc Care Community. 2003 Mar; 11(2): 85-94.

Evaluating the impact of integrated health and social care teams on older people living in the community.

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Although it is perceived wisdom that joint working must be beneficial, there is, even at this stage, little evidence to support that notion. The present study is an evaluation of two integrated co-located health and social care teams which were established in a rural county to meet the needs of older people and their carers. This study does identify that patients from the 'integrated teams' may self-refer more and are assessed more quickly. This might indicate that the 'one-stop shop' approach is having an impact on the process of service delivery. The findings also suggest that, in the integrated teams, the initial stages of the process of seeking help and being assessed for a service may have improved through better communication, understanding and exchange of information amongst different professional groups. However, the degree of 'integration' seen within these co-located health and social care teams does not appear to be sufficiently well developed to have had an impact upon the clinical outcomes for the patients/service users. It appears unlikely from the available evidence that measures such as co-location go far enough to produce changes in outcomes for older people. If the Department of Health wishes to see benefits in process progress to benefits to service users, then more major structural changes will be required. The process of changing organisational structures can be enhanced where there is evidence that such changes will produce better outcomes. At present, this evidence does not exist, although the present study does suggest that benefits might be forthcoming if greater integration can be achieved.

Nevertheless, until the social services and National Health Service trusts develop more efficient and compatible information systems, it will be impossible to evaluate what impact any further steps towards integration might have on older people without significant external resources.
PMID: 14629210 [PubMed - indexed for MEDLINE]

Holist Nurs Pract. 2003 Nov-Dec; 17(6): 300-8.

The silent killer: psychological issues in ovarian cancer.
McCorkle R, Pasacreta J, Tang ST.
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Ovarian cancer represents about 4% of all cancers in women and is the fifth leading cause of death in the United States each year. Ovarian cancer is associated with uncertainty, anxiety, and depression. Many women present with advanced disease at diagnosis and are faced with aggressive surgical and medical protocols to treat them. To meet the needs of women with ovarian cancer, the effects of their physical problems on psychological adjustment must be identified. Health care professionals must closely monitor women with ovarian cancer to identify those who may require ongoing psychological care or psychiatric intervention. This article presents an overview of ovarian cancer, focusing on the psychological effects, and an intervention by oncology nurse specialists to address both the physical and emotional distress that accompanies ovarian cancer. The importance of screening for psychological distress is emphasized.
Publication Types:
Review
Review, Tutorial
PMID: 14650572 [PubMed - indexed for MEDLINE]

Home Health Care Serv Q. 2003; 22(3): 1-17.

The care transitions intervention: a patient-centered approach to ensuring effective transfers between sites of geriatric care.
Parry C, Coleman EA, Smith JD, Frank J, Kramer AM.
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During an episode of illness, older patients may receive care in multiple settings; often resulting in fragmented care and poorly-executed care transitions. The negative consequences of fragmented care include duplication of services; inappropriate or conflicting care recommendations, medication errors, patient/caregiver distress, and higher costs of care. Despite the critical need to reduce fragmented care in this population, few interventions have been developed to assist older patients and their family members in making smooth transitions. This article introduces a patient-centered interdisciplinary team intervention designed to improve transitions across sites of geriatric care.
Publication Types:
Clinical Trial
Randomized Controlled Trial
PMID: 14629081 [PubMed - indexed for MEDLINE]

Hosp Outlook. 2003 Aug-Oct; 6(4): 10.

"Consumer-driven" coverage: future or fad?
Kahn C.

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PMID: 14626599 [PubMed - indexed for MEDLINE]

Hosp Q. 2003; 6(4): 66-72, 4.

Healing and the healthcare village: beyond the mega-hospital to a new model of health design.

Stanwick S, Farrow TS.

Farrow Partnership Architects Inc.

If the delivery of healthcare and the creation of architecture share the common goal of improving the quality of life, then the role of healthcare architecture has never been more important.

PMID: 14628535 [PubMed - indexed for MEDLINE]

Hosp Q. 2003; 6(4): 68-9.

The healthy hospital.

Hancock T.

Canadian Associations of Physicians for the Environment.

PMID: 14628536 [PubMed - indexed for MEDLINE]

Inquiry. 2003 Fall; 40(3): 235-53.

Health and the cost of nongroup insurance.

Hadley J, Reschovsky JD.

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This analysis estimates a selection-adjusted model of the premium for nongroup insurance to measure the effect of health status on the cost of nongroup insurance. Using data from two recent national surveys, the probability of buying nongroup insurance is about 50% lower for people in fair or poor health compared to similar people in excellent health. Correcting for selection, premiums are about 15% higher for people with modest health problems, and 43% to 50% higher for people with major health problems compared to those in excellent health. We use the selection-corrected premiums to simulate the effects on the price and affordability of nongroup insurance for the uninsured under two recent tax credit proposals.

PMID: 14680257 [PubMed - indexed for MEDLINE]

Int J Ment Health Nurs. 2003 Mar; 12(1): 56-63.

A survey of threats and violent behaviour by patients against registered nurses in their first year of practice.

McKenna BG, Poole SJ, Smith NA, Coverdale JH, Gale CK.

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The purpose of the present study was to determine the prevalence of aggressive behaviours by patients against nurses in the first year of practice, and to determine the psychological impact of this behaviour. An anonymous survey was sent to registered nurses in their first year of practice. From the 1169 survey instruments that were distributed, 551 were returned completed (a response rate of 47%). The most common inappropriate behaviour by patients involved verbal threats (n = 192, 35%), verbal sexual harassment (n = 167, 30%) and physical

intimidation (n = 161, 29%). There were 22 incidents of assault requiring medical intervention and 21 incidents of participants being stalked by patients. Male graduates and younger nurses were especially vulnerable. Mental health was the service area most at risk. A most distressing incident was described by 123 (22%) of respondents. The level of distress caused by the incident was rated by 68 of the 123 respondents (55%) as moderate or severe. Only half of those who described a most distressing event indicated they had some undergraduate training in protecting against assault or in managing potentially violent incidents (n = 63 of 123; 51%). After registration, 45 (37%) indicated they had had such training. The findings of this study indicate priorities for effective prevention programmes. The issues highlighted need to be addressed in undergraduate nursing curricula and in the development of orientation programmes supporting new graduates.

PMID: 14685960 [PubMed - indexed for MEDLINE]

Int J Ment Health Nurs. 2003 Mar; 12(1): 64-73.

De-escalating aggression and violence in the mental health setting.

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Aggressive and violent incidents in the health-care setting are increasing phenomena around the world. The evidence from current literature suggests that changes in health-care access, nursing staff shortages and patient acuity are some of the possible causes. De-escalation is a valuable intervention that can be used by nurses to help counter the growing problems of aggression and violence. The de-escalation project, discussed in the present paper, aimed to explore de-escalation as an important therapeutic process and is an event of considerable potential in the management of aggression and violence. While de-escalation is not a new tool, particularly in the mental health-care setting, an educative programme aimed at renewing nurses' knowledge and skills in de-escalation is a timely project. The final de-escalation kit included a large glossy poster, a nursing staff survey, an in-service education session and a literature-based discussion paper. The de-escalation kit can be of considerable benefit to those nurses who are transient within the workplace, such as casual and agency nurses.

PMID: 14685961 [PubMed - indexed for MEDLINE]

IRB. 2003 Jul-Aug; 25(4): 12-5.

Cultural issues in genetic research with American Indian and Alaskan Native people.

Bowekaty MB, Davis DS.

Governor, A:shiwi (Zuni Indian Pueblo), USA.

PMID: 14649249 [PubMed - indexed for MEDLINE]

Isr Med Assoc J. 2003 Nov; 5(11): 770-4.

Forgoing life-sustaining treatments: comparison of attitudes between Israeli and North American intensive care healthcare professionals.

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BACKGROUND: Physicians' decisions regarding provision of life-sustaining treatment may be influenced considerably by non-medical variables. OBJECTIVES: To examine physicians' attitudes towards end-of-life decisions in Israel,

comparing them to those found in the United States. METHODS: A survey was conducted among members of the Israel Society of Critical Care Medicine using a questionnaire analogous to that used in a similar study in the USA. RESULTS: Forty-three physicians (45%) responded, the majority of whom hold responsibility for withholding or withdrawing life-sustaining treatments. Preservation of life was considered the most important factor by 31 responders (72%). The quality of life as viewed by the patient was generally considered less important than the quality of life as viewed by the physician. Twenty-one responders (49%) considered withholding treatment more acceptable than withdrawing it. The main factors for decisions to withhold or withdraw therapy were a very low probability of survival of hospitalization, an irreversible acute disorder, and prior existence of chronic disorders. An almost similar percent of physicians (93% for Israel and 94% for the U.S.) apply Do Not Resuscitate orders in their intensive care units, but much less (28% vs. 95%) actually discuss these orders with the families of their patients. CONCLUSIONS: Critical care physicians in Israel place similar emphasis on the value of life as their U.S. counterparts and assign DNR orders with an incidence equaling that of the U.S. They differ from their U.S. counterparts in that they confer less significance to the will of the patient, and do not consult as much with families of patients regarding DNR orders.

PMID: 14650099 [PubMed - indexed for MEDLINE]

J Am Coll Surg. 2003 Dec; 197(6): 1037-46.

Massage as adjuvant therapy in the management of acute postoperative pain: a preliminary study in men.

Piotrowski MM, Paterson C, Mitchinson A, Kim HM, Kirsh M, Hinshaw DB. Performance Improvement Department, VA Ann Arbor Health Care System, MI 48105, USA.

BACKGROUND: Opioid analgesia alone may not fully relieve all aspects of acute postoperative pain. Complementary medicine techniques used as adjuvant therapies have the potential to improve pain management and palliate postoperative distress. STUDY DESIGN: This prospective randomized clinical trial compared pain relief after major operations in 202 patients who received one of three nursing interventions: massage, focused attention, or routine care. Interventions were performed twice daily starting 24 hours after the operation through postoperative day 7. Perceived pain was measured each morning. RESULTS: The rate of decline in the unpleasantness of postoperative pain was accelerated by massage ($p = 0.05$). Massage also accelerated the rate of decline in the intensity of postoperative pain but this effect was not statistically significant. Use of opioid analgesics was not altered significantly by the interventions. CONCLUSIONS: Massage may be a useful adjuvant therapy for the management of acute postoperative pain. Its greatest effect appears to be on the affective component (ie, unpleasantness) of the pain.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14644293 [PubMed - indexed for MEDLINE]

J Am Coll Surg. 2003 Dec; 197(6): 1012-7.

"And doctor, no residents please!"

Dutta S, Dunnington G, Blanchard MC, Spielman B, DaRosa D, Joehl RJ. Department of Surgery, The Hospital for Sick Children, Toronto, Ontario, Canada.

PMID: 14644290 [PubMed - indexed for MEDLINE]

J Asthma. 2003; 40(7): 751-62.

Electronic versus paper questionnaires: a further comparison in persons with asthma.

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The use of electronic data capture (EDC) to assess health-related quality of life (HRQOL) using validated questionnaires is increasing; however, it must be determined how data collected electronically correlate with the original mode of administration used in validation. Our objective was to compare paper and electronic administration of the standardized Asthma Quality of Life Questionnaire (AQLQ(S)), Pediatric Asthma Quality of Life Questionnaire (PAQLQ(S)), and Pediatric Asthma Caregiver's Quality of Life Questionnaire (PACQLQ). Using a crossover design, adults and children with asthma and caregivers of children with asthma were recruited from clinics. Subjects were asked to complete both forms of the appropriate HRQOL measures at enrollment and 24-48 hours later. In addition, 30 subjects from each group were asked to participate in a 1-week reproducibility assessment of the electronic versions of the three questionnaires. Psychometric properties were assessed for each of the EDC versions. Intraclass correlation coefficients (ICC) and Pearson correlations were calculated to compare EDC and paper versions. A total of 51 adults (mean age 37, 73% females), 52 children (mean age 13, 38% females), and 51 caregivers (mean age 43, 92% females) were evaluated. Internal consistency (Cronbach's alpha) for the overall score of each questionnaire was: 0.96 for the AQLQ(S) and the PAQLQ(S), and 0.92 for the PACQLQ. Overall ICCs comparing paper with EDC were: 0.96 for the AQLQ(S), 0.91 for the PAQLQ(S), and 0.82 for the PACQLQ. Pearson's correlations were identical. One-week reproducibility (ICC) of the EDC versions was: 0.88 for the AQLQ(S), 0.78 for the PAQLQ(S), and 0.85 for the PACQLQ. When asked which method subjects preferred, the electronic version was chosen by 69% of adults, 77% of children, and 73% of caregivers. Additionally, 14% of adults, 14% of children, and 18% of caregivers reported no difference in preference. As in previous studies comparing electronic with paper questionnaires, this study revealed statistical evidence to support the use of EDC of the AQLQ(S), PAQLQ(S), and PACQLQ for populations with asthma.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14626331 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2003 Nov; 12(6): 899-911.

Information provided to patients undergoing gastroscopy procedures.

Thompson K, Melby V, Parahoo K, Ridley T, Humphreys WG.

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This study aimed to investigate the information provided to patients undergoing gastroscopy procedures in Northern Ireland. Questionnaires were developed by the authors and were completed by 402 patients (RR = 43.8%) and 62 nurses (RR = 75.6%). Patients received most of the procedural information from nurses, and they recognized the importance of providing sensory information. Patients were generally satisfied with the information provided. There is clear evidence of fragmented care, and major changes are required to ensure that patients receive holistic information that includes procedural and sensory aspects. Nurses and doctors must realize that their role in information giving is to ensure that comprehensive information is provided by the appropriate professional at the appropriate time.

PMID: 14632983 [PubMed - indexed for MEDLINE]

J Clin Nurs. 2003 Nov; 12(6): 888-98.

Dementia and aggressiveness: video recorded morning care from different care units.

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The aim of the study was to illuminate, from video recorded sequences, interactions between individuals with dementia and aggressive behaviour and caregivers who reported problems dealing with such behaviour and caregivers who did not. Nine caregivers and two residents participated. The video recordings were later transcribed into text and analysed by using a phenomenological hermeneutic approach, inspired by Ricoeur's philosophy. The main themes that emerged from the analysis were 'Being involved and developing a positive interaction' and 'Being confined to routines and remaining in negative interaction'. The findings indicated the interactions either to be in a positive or negative spiral. Caregivers who had reported problems dealing with behavioural and psychiatric symptoms in dementia focused on accomplishing the task, where the main focus was on 'the goal itself'. In other sequences with caregivers who had been satisfied with their capability the focus was placed on 'how' the caregivers could reach their goal. Power was central in the material, in different ways, either as a possible way to handle the situation or as a possible way of defending oneself. Parts of Kitwood's framework and Fromm's theory about power 'over' and power 'to', has been used in the comprehensive understanding. Our conclusion is that caregivers should use power 'to' when they have to help persons with dementia and aggressive behaviour, as a part of behavioural and psychiatric symptoms of dementia, for being able to give help in the best possible way. They should also act in a sensitive and reflective manner, with the individual in focus.

PMID: 14632982 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2003 Dec 1; 21(23): 4460-2.

Spirituality and religion in the "art of dying".

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Publication Types:

Review

Review, Tutorial

PMID: 14645439 [PubMed - indexed for MEDLINE]

J Gerontol A Biol Sci Med Sci. 2003 Nov; 58(11): 1036-41.

Regular visitors are not good substitutes for assessment of elderly patient satisfaction with nursing home care and services.

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BACKGROUND: Due to physical and psychological impairments, elderly patients residing in homes are often unable to participate in studies on satisfaction with care services. While their regular visitors provide interesting

information, patient-visitor response concordance requires study. Our objective was to measure patient-visitor agreement on quality of care and accommodation. METHODS: A survey was conducted on elderly people in 13 nursing homes and their visitors. The 125 patient-visitor pairs completed the same Nursing Home Satisfaction Questionnaire (NHSQ) independently, for which reliability and internal validity have previously been explored. Satisfaction scores for room comfort, meal provision, information, and medical/nursing care were calculated. To estimate patient-visitor concordance, intraclass coefficients, a bias index, and Pearson's correlation coefficients were calculated. RESULTS: Patient satisfaction scores ranged from 57.8 (information) to 78.6 (room comfort), and visitor satisfaction from 67.9 (meal provision) to 85.9 (medical/nursing care). Mean visitor scores were higher for all scales, with a small-to-moderate index bias statistically significant for medical/nursing care ($p < .001$), information ($p < .001$), and meal provision ($p = .006$). Intraclass correlation coefficients were low for room comfort, information, and medical/nursing care scales (0.08 to 0.18), and nearly acceptable for the meal provision scale (0.46). CONCLUSIONS: Visitors were not able to provide information on elderly patients' satisfaction with nursing home. Their assessments were milder than patient assessments. The NHSQ is reliable for use in either population, but patient and visitor assessments should not be merged in satisfaction studies.

Publication Types:

Evaluation Studies

PMID: 14630886 [PubMed - indexed for MEDLINE]

J Health Law. 2003 Summer; 36(3): 455-73.

The disutility of advance directives: we know the problems, but are there solutions?

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Advance directives (ADs) are recognized in some form by the laws of every state. Despite the availability of ADs for more than twenty years, few adults have completed any type of AD document. Even when ADs are validly executed, physicians routinely fail to honor patients' wishes. The lack of communication between physicians and patients may be the primary reason why AD completion rates remain so low. The failure to honor an AD may stem from the physician's belief that to honor a directive would not be in the patient's best interest.

The adoption and enforcement by all states of the Uniform Health-Care Decisions Act, recognition of a physician's ethical duty to assist patients in AD formulation, and routine third-party payor reimbursement to physicians for their role in patients' advance care planning will encourage and facilitate the completion and subsequent honoring of patients' directives.

Publication Types:

Legal Cases

PMID: 14632382 [PubMed - indexed for MEDLINE]

J Health Organ Manag. 2003; 17(4): 280-326.

Doing the analysis differently. Using narrative to inform understanding of patient participation in contact tracing for sexually transmissible infections.

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The aims and objectives of this paper were to understand the key influences hindering patients' participation in the contact tracing process for sexually transmissible infection exposure; to study the anatomy of a complex sexual network through the eyes of a committed contact tracer and a group of teenagers;

and to identify lessons from the research. Unstructured and group interviews were undertaken with a group of sixth form students and an unstructured interview with a contact tracer. Cue (storyboards) cards and hypothetical sexual networks were used--the outcome demonstrated that generated narrative about sexual network experiences can be analysed using a schema of representation of experience and could be subjected to Labov's structural categories for assignment of spheres of action, to undertake interpretation. Themes identified include: confidentiality, secrecy, friendship, community, the law and social sanctions. We conclude that contact tracing is under the spotlight and that we need to understand the personal experiences of being subjected to a process where little consideration has been given to the social and psychological consequences. Narrative analytic strategies can be applied to gain this much-needed rich data.

PMID: 14628493 [PubMed - indexed for MEDLINE]

J N Y State Nurses Assoc. 2003 Spring-Summer; 34(1): 25-31.

Therapeutic play: developing humor in the nurse-patient relationship.
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Although there has been considerable discussion on the therapeutic aspects of humor in the nurse-patient relationship, little is known about the experience of humor in actual nurse-patient relationships. This naturalistic study was conducted using grounded theory methodology with participant observation, utilizing in-depth interviews of participants in nurse-patient dyadic relationships in a suburban metropolitan New York acute care hospital. The core process was identified as Therapeutic Play, in which humor involves caring for self or another. This study offers nurses and others involved in professional relationships an explanation of the development of humor as an alternative healing-caring strategy.

PMID: 14639778 [PubMed - indexed for MEDLINE]

J Obstet Gynecol Neonatal Nurs. 2003 Nov-Dec; 32(6): 712-23.

Women's decision making about the use of hormonal and nonhormonal remedies for the menopausal transition.

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OBJECTIVE: To critically review qualitative research on women's decision making about the use of hormonal and nonhormonal remedies for the menopausal transition. DATA SOURCES: Computerized searches in CINAHL, MEDLINE, Medscape, and PsychINFO databases, using the keywords decision making, hormone therapy, herbal remedies, attitude toward hormone therapy, and qualitative research; and ancestral bibliographies. STUDY SELECTION: Articles from indexed journals from 1982 to 2001 in the English language relevant to the keywords were evaluated.

Sixteen studies met inclusion criteria and were included in the analysis. DATA EXTRACTION: Study findings were organized into several categories and compared and contrasted across publications and categories. DATA SYNTHESIS: Half of the researchers described decision making as a weighing of benefits and risks. Women's considerations, beliefs, and values, as well as interaction with the environment, were primary influences on the process. CONCLUSIONS: Major gaps in care for midlife women were identified. Women need information about the process of menopause and the range of available options for menopause management. Nurses can play a major role in providing information, counseling, and developing

decision aids. Women's values and beliefs, cultures, life contexts, and desire for involvement in the decision should guide interventions.

Publication Types:

Review

Review, Tutorial

PMID: 14649591 [PubMed - indexed for MEDLINE]

JAMA. 2004 Jan 7; 291(1): 88-93.

Family perspectives on end-of-life care at the last place of care.

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CONTEXT: Over the past century, nursing homes and hospitals increasingly have become the site of death, yet no national studies have examined the adequacy or quality of end-of-life care in institutional settings compared with deaths at home. OBJECTIVE: To evaluate the US dying experience at home and in institutional settings. DESIGN, SETTING, AND PARTICIPANTS: Mortality follow-back survey of family members or other knowledgeable informants representing 1578 decedents, with a 2-stage probability sample used to estimate end-of-life care outcomes for 1.97 million deaths from chronic illness in the United States in 2000. Informants were asked via telephone about the patient's experience at the last place of care at which the patient spent more than 48 hours. MAIN OUTCOME MEASURES: Patient- and family-centered end-of-life care outcomes, including whether health care workers (1) provided the desired physical comfort and emotional support to the dying person, (2) supported shared decision making, (3) treated the dying person with respect, (4) attended to the emotional needs of the family, and (5) provided coordinated care. RESULTS: For 1059 of 1578 decedents (67.1%), the last place of care was an institution. Of 519 (32.9%) patients dying at home represented by this sample, 198 (38.2%) did not receive nursing services; 65 (12.5%) had home nursing services, and 256 (49.3%) had home hospice services. About one quarter of all patients with pain or dyspnea did not receive adequate treatment, and one quarter reported concerns with physician communication. More than one third of respondents cared for by a home health agency, nursing home, or hospital reported insufficient emotional support for the patient and/or 1 or more concerns with family emotional support, compared with about one fifth of those receiving home hospice services. Nursing home residents were less likely than those cared for in a hospital or by home hospice services to always have been treated with respect at the end of life (68.2% vs 79.6% and 96.2%, respectively). Family members of patients receiving hospice services were more satisfied with overall quality of care: 70.7% rated care as "excellent" compared with less than 50% of those dying in an institutional setting or with home health services ($P<.001$). CONCLUSIONS: Many people dying in institutions have unmet needs for symptom amelioration, physician communication, emotional support, and being treated with respect. Family members of decedents who received care at home with hospice services were more likely to report a favorable dying experience.

PMID: 14709580 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2003 Dec; 29(12): 659-70.

Addressing patients' emotional and spiritual needs.

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BACKGROUND: A comprehensive, systematic literature review and original research

were conducted to ascertain whether patients' emotional and spiritual needs are important, whether hospitals are effective in addressing these needs, and what strategies should guide improvement. METHODS: The literature review was conducted in August 2002. Patient satisfaction data were derived from the Press Ganey Associates' 2001 National Inpatient Database; survey data were collected from 1,732,562 patients between January 2001 and December 2001. RESULTS: Data analysis revealed a strong relationship between the "degree to which staff addressed emotional/spiritual needs" and overall patient satisfaction. Three measures most highly correlated with this measure of emotional/spiritual care were (1) staff response to concerns/complaints, (2) staff effort to include patients in decisions about treatment, and (3) staff sensitivity to the inconvenience that health problems and hospitalization can cause. DISCUSSION: The emotional and spiritual experience of hospitalization remains a prime opportunity for QI. Suggestions for improvement include the immediate availability of resources, appropriate referrals to chaplains or leaders in the religious community, a team dedicated to evaluating and improving the emotional and spiritual care experience, and standardized elicitation and meeting of emotional and spiritual needs. Survey data suggested a focus on response to concerns/complaints, treatment decision making, and staff sensitivity.

Publication Types:

Review

Review, Academic

PMID: 14679869 [PubMed - indexed for MEDLINE]

Jt Comm J Qual Saf. 2003 Dec; 29(12): 640-5.

John M. Eisenberg Patient Safety Awards. The LVHHN patient safety video: patients as partners in safe care delivery.

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BACKGROUND: In fall 2002, Lehigh Valley Hospital and Health Network (LVHHN), an 800-bed, three-site academic community hospital, embarked on an initiative to produce an educational patient safety video. IMPLEMENTING THE INITIATIVE: The video addresses six topics relevant to optimum patient safety: treatment plan, medication safety, falls, surgical site identification, hand washing, and discharge planning. Each segment outlines strategies that patients may employ or observations they should make to improve patient safety. RESULTS: Analysis of the patient survey data, which were based on 217 surveys, indicated that patients felt more comfortable talking with their health care workers about questions or concerns after viewing the video and that they rated their knowledge of patient safety higher. Patients generally rated the six sections as helpful. DISCUSSION: The video was intended to become an important step in the preadmission process. Releasing the video to patients and staff helped to normalize some practices that initially were not comfortable for staff (repeatedly asking an inpatient for his or her name and date of birth before administering all medications) or patients (inquiring whether a staff member has washed his or her hands). Additional methods were in development to share the video with current and prospective patients and assess its impact. The LVHHN patient safety council plans to share the video with the community at large. PMID: 14679866 [PubMed - indexed for MEDLINE]

Med Care. 2003 Dec; 41(12): 1343-52.

A randomized trial of four patient satisfaction questionnaires.

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BACKGROUND: Patient satisfaction surveys are increasingly used by hospitals. Many questionnaires are available, but little evidence exists to guide the choice of the most suitable instrument. **OBJECTIVE:** To compare the acceptability and patient perceptions of 4 patient satisfaction questionnaires. **RESEARCH DESIGN:** Randomized trial of 4 satisfaction questionnaires: Picker, Patient Judgment System (PJS), Sequs, and a locally developed Lausanne questionnaire. **SUBJECTS:** Patients discharged from 2 Swiss teaching hospitals (n = 2850). **MEASURES:** Response rates, missing data, completion time, and patient ratings of the questionnaire (5-point agree-disagree scale). **RESULTS:** Response rates were similar across instruments (Picker: 70%, PJS: 71%, Sequs: 68%, Lausanne: 73%; P= 0.27). The Picker questionnaire had the most missing responses (mean per item: Picker: 3.1%, PJS: 1.9%, Sequs: 1.6%, Lausanne: 1.1%; P<0.001) and took the longest to complete (minutes: Picker: 19.3, PJS: 12.5, Sequs: 13.4, Lausanne: 13.1; P<0.001), but the fewest patients indicated that the questionnaire failed to address at least 1 important aspect of the hospital stay (Picker: 28.2%, PJS: 38.8%, Sequs: 39.1%, Lausanne: 28.9%; P<0.001). Patient evaluations of the questionnaires were generally similar; the most favorable assessment was chosen by approximately half of the respondents (average of 10 items: Picker: 46.5%, PJS: 46.2%, Sequs: 47.4%, Lausanne: 48.2%; P= 0.60). Key survey results differed considerably by questionnaire. **CONCLUSIONS:** No questionnaire emerged as uniformly better than the others in terms of acceptability and patient evaluations. All 4 could be used for patient satisfaction surveys.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14668667 [PubMed - indexed for MEDLINE]

Med Educ. 2003 Nov; 37(11): 1038-9.

A humanities orientation to physical diagnosis.

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PMID: 14629434 [PubMed - indexed for MEDLINE]

Med Educ. 2003 Nov; 37(11): 1017-9.

Medical students' learning needs about setting and maintaining social and sexual boundaries: a report.

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BACKGROUND: Despite increasing awareness of the potentially harmful consequences of social and sexual relationships between doctors and patients, little assessment has been made of the learning needs of medical students for setting and maintaining social and sexual boundaries in the doctor-patient relationship. **AIM:** To assess the learning needs of students with regard to issues concerning the setting of professional boundaries. **METHODS:** The study used a 4-part questionnaire, designed to collect both quantitative and qualitative data from medical students in all 6 years of the medical curriculum at 1 Australian university. **RESULTS:** A total of 293 students participated (94.5% response rate). The majority of students were ambivalent about the relationship between social and sexual boundary violations and sexual misconduct. A total of 21% of students said that sexual contact with patients might not be inappropriate. Short answers

to a series of vignettes demonstrated conservatism on the part of students when faced with dilemmas. Most (87.4%) of the student population surveyed stated that insufficient teaching time had been given to issues concerning social and sexual boundaries. CONCLUSION: If medical schools shun teaching about the violation of social and sexual boundaries in doctor-patient relationships, sexual predators will continue to graduate.

PMID: 14629416 [PubMed - indexed for MEDLINE]

Med Law. 2003; 22(3): 391-400.

Ethical perspectives on decision-making capacity and consent for treatment and research.

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Decision-making capacity for treatment and research raises complex conceptual issues. Given the fact that both considerations of respect for patient autonomy and beneficence/harm prevention have moral relevance in many cases, in the practice of health care the need exists to balance both in a moral responsible way. The moral concept of (mental) capacity or decisional capacity has a role to play in this balancing process. The current dominant approach towards the conceptualization and assessment of decision-making capacity, which focuses on cognition and rationality, has some serious shortcomings. In order to compensate for these shortcomings of the dominant approach, a number of alternative approaches may be promising. A first alternative focuses on issues of emotion and narrative; a second on identity and identification, and a third on dialogue and deliberation. By paying attention to the way in which people interpret their world (not only by cognition, but also by emotion), and how they shape their lives by processes of identification and communication, a broader perspective on capacity assessment in health care can be developed. Above that, these alternative approaches are less focused on the assessment of (in)capacity and more on enabling a person to become more competent through a process of empowerment, participation, and shared decision-making.

PMID: 14626875 [PubMed - indexed for MEDLINE]

Med Law. 2003; 22(3): 533-42.

Decision-making at the end-of-life and the incompetent patient: a comparative approach.

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In contrast to the situation in the Netherlands and Belgium, the legislatures in both England & Wales and Germany have not recognised that active euthanasia may be lawful in any circumstance. Nevertheless, the courts in both jurisdictions have held that passive euthanasia, that is the withdrawal or withholding of life-prolonging treatment, is perfectly lawful; indeed it will often constitute good medical practice. This article adopts a comparative approach to assessing the manner in which decisions to withdraw or withhold life-prolonging treatment are made in relation to previously competent patients without a legally effective advance directive or a proxy decision-maker, considering the approaches adopted by the courts in England & Wales and Germany: the best interests and 'presumed will' approaches respectively. Due to the inherent drawbacks associated with each approach it is concluded that the best way forward would be for both jurisdictions to adopt a mixed approach, allowing the autonomy model to temper the best interests approach, recognising that the

patient is an individual rather than simply an object of concern.

Publication Types:

Legal Cases

PMID: 14626885 [PubMed - indexed for MEDLINE]

Mod Healthc. 2003 Nov 10; 33(45): 22.

Putting pricing in the picture. Shielding consumers from true costs of healthcare diminishes their responsibility.

Cutler B.

Fortis Health, Milwaukee, USA.

PMID: 14666548 [PubMed - indexed for MEDLINE]

N Engl J Med. 2004 Jan 8; 350(2): 178-9.

Comment on:

N Engl J Med. 2004 Jan 8;350(2):184-6.

Inserting government between patient and physician.

Drazen JM.

Publication Types:

Comment

Editorial

PMID: 14711917 [PubMed - indexed for MEDLINE]

Nephrol News Issues. 2003 Nov; 17(12): 30-6.

Emphasizing patient choice: the modality selection project in ESRD Network 18.

Mehrotra R, Marsh D, Peters V, Nissenson AR.

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ESRD Network 18 has identified numerous opportunities from improvement in the process of modality selection for incident patients commencing maintenance dialysis therapy. The overall goal for the Network is to ensure that all patients are presented with a choice for treatment in a timely manner. This in turn, would lead to better preparation of patients for RRT and hopefully, have a positive impact on the morbidity and mortality of maintenance dialysis patients.

PMID: 14640008 [PubMed - indexed for MEDLINE]

Nurs Ethics. 2003 Nov; 10(6): 614-23.

Struggling to become ready for consolation: experiences of suicidal patients.

Talseth AG, Gilje F, Norberg A.

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Although there has been a vast amount of research about suicide, very few studies focus on the inner world of the suicidal patient. A secondary analysis of two exemplar narrative interviews with Norwegian patients reveals a glimpse of the inner world of suicidal patients' longing for consolation. The results of a phenomenological hermeneutic study inspired by Ricoeur's philosophy reveal five themes and one main theme. The themes are: 'longing for closeness', 'desiring connectedness', 'struggling to open up inner dialogue', 'breaking into outer dialogue', and 'liberating inner and outer dialogue'. The main theme is 'struggling to become ready for consolation'. These results describe a process of becoming ready for consolation, which, when interpreted in the light of the model of consolation by Norberg et al., reveals that the end of the process of

becomin ready for consolation is consolation itself as praxis.
PMID: 14650480 [PubMed - indexed for MEDLINE]

Nurs Older People. 2003 Nov; 15(8): 18-22.

Frail older people: participation in care.
Tutton E, Ager L.
RCN Institute, Oxford.
PMID: 14649150 [PubMed - indexed for MEDLINE]

Nurs Times. 2003 Nov 4-10; 99(44): 16.

Improving the patient experience.
David A.
South Bank University.
PMID: 14649133 [PubMed - indexed for MEDLINE]

Nurs Times. 2003 Oct 28-Nov 3; 99(43): 46-7.

Helping people come to terms with MS.
Hayes G.
Royal Devon and Exeter Healthcare Trust.
PMID: 14626047 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Nov; 19(3): 142-4.

The nurse's role in patient-centred medicines management.
Worthington B.
National Prescribing Centre, Liverpool.
Nurses in all care settings are crucial to the effective delivery of medicines management. This paper argues that adopting a collaborative approach will help patients get the most out of their medication and reduce non-compliance. The 'concordance' approach recognises partnership rather than directorship, and is based on arriving at shared agreements.
Publication Types:
Review
Review, Tutorial
PMID: 14639902 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Nov; 19(3): 145-8.

Smoking cessation: the case for hospital-based interventions.
Wallace-Bell M.
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The second paper in our four-part Study series on smoking cessation looks at interventions that nurses can use with smokers in hospital. When admitted with an illness linked to their smoking, smokers may be at a point in life at which they are prepared to consider giving up. Armed with information and specialist training, nurses can help them achieve this goal.
Publication Types:
Review
Review, Tutorial

PMID: 14639903 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Nov; 19(3): 150-3.

Patient satisfaction with information received after a diagnosis of angina.
Weetch RM.

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Nurses in one coronary care unit were aware that patients who had experienced an episode of angina were not receiving the same amount of information about their condition as those who had had a myocardial infarction. This led to the development of a questionnaire to determine patient's satisfaction with the information they received, with the aim of improving the service.

PMID: 14639904 [PubMed - indexed for MEDLINE]

Prof Nurse. 2003 Nov; 19(3): 175-7.

Managing diabetes in the hospital setting: a nurse-patient partnership.
Walker R.

In Balance Healthcare UK, Suffolk.

People with diabetes who are admitted to hospital often experience deterioration in their blood glucose levels because of their presenting condition. This paper discusses the principles of diabetes control, how hospital admission may affect the condition and how nurses can contribute to providing state-of-the-art diabetes care.

Publication Types:

Review

Review, Tutorial

PMID: 14639910 [PubMed - indexed for MEDLINE]

Prof Psychol Res Pr. 1999 Dec; 30(6): 557-62.

When psychologists work with religious clients: applications of the general principles of ethical conduct.

Yarhouse MA, VanOrman BT.

Doctoral Program in Clinical Psychology, Regent University, CRB 215, Virginia Beach, VA 23464, USA. markyar@regent.edu

Psychologists become more effective and relevant when they appreciate that many clients hold religious values and commitments. Greater awareness of religion and religious values in the lives of clients may aid clinicians' efforts to provide more accurate assessments and effective treatment plans. The authors use the American Psychological Association's (1992) "Ethical Principles of Psychologists and Code of Conduct" as a framework to examine many of the ethical issues relevant when psychologists work with religious clients. This article also provides suggestions for ways in which clinicians may obtain the skills needed to offer competent assessments and interventions with religiously committed clients.

PMID: 14631928 [PubMed - indexed for MEDLINE]

Radiol Manage. 2003 Nov-Dec; 25(6): 53-5.

Patience with patients.

Sanders B.

Radiology Alliance, Nashville, Tenn., USA. bsanders@radalliance.com

PMID: 14699928 [PubMed - indexed for MEDLINE]

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Higginbotham E.

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PMID: 14639990 [PubMed - indexed for MEDLINE]

SCI Nurs. 2003 Spring; 20(1): 25-9.

Patient dignity in persons with spinal cord injury.

Belanger HG, Nelson AL, McMillan S, Gavin-Dreschnack D, Holley S, Rosenberg D.

Patient Safety Center of Inquiry, James A. Haley Veterans Hospital, University of South Florida College of Nursing, Tampa, Florida, USA.

Technology is changing the way nurses provide patient care in spinal cord injury. A key nursing concern is the impact of technology-assisted caregiving tasks (TACT) on the patients' sense of dignity. Despite frequent use of the term dignity in discussing treatment of persons with disabilities, there is a dearth of empirical research related to this topic. In particular, there have been few attempts to define the construct for the purposes of valid measurement. The purpose of this article is, therefore, to critically review the relevant literature on patient dignity with an aim toward eventual development and validation of a Dignity Assessment Tool.

Publication Types:

Review

Review, Tutorial

PMID: 14626015 [PubMed - indexed for MEDLINE]

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Empowering women with breast cancer: one survivor's story.

Paskett ED.

Ohio State University Medical Center, Columbus 43210, USA.

PMID: 14663781 [PubMed - indexed for MEDLINE]

Tenn Med. 2003 Nov; 96(11): 515-6.

The execution of wills for patients with Alzheimer's disease: the physician's role in "incapacity" and "undue influence".

Regan J, Alderson A, Kelley K, Wright A, Hamer G.

Tennessee Department of Mental Health and Developmental Disabilities, Nashville, USA.

PMID: 14635361 [PubMed - indexed for MEDLINE]

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